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Application Number

TRANSMITTAL **FORM**

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Filing Date	1 (02/3, 200)
First Named Inventor	WILLIAM J. PAYER
Art Unit	3635
Examiner Name	MGUYEN, CHI Q
Attorney Docket Number	

ENCLOSURES (Check all that apply)								
1	Fee Transmittal Form	Drawing(s) After Allowance Communication to TC Appeal Communication to Board						
	Fee Attached	Licensing-related Papers of Appeals and Interferences						
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):						
	Reply to Missing Parts under 37 CFR 1.52 or 1.53							
	SIGN	ATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm N	·							
Signat	Hill	- Vaner						
Printed	d name William	1. CPAYER						
Date	2/16/	o 7 Reg. No.						
CERTIFICATE OF TRANSMISSION/MAILING								
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Signature Thillia Vane								
Typed or printed name William J. PAYER Date 2/16/07								

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Effective on 4200,0004		Complete if Known	alid OMB CONDITION TRAINDE					
Effective on 12/08/2004. Fees Structure to the Consolidated Appropriations Act. 2005 (H.R. 4818).	· · · · · · · · · · · · · · · · · · ·	0 111	/					
FEE TRANSMITTAL	Application Number	- 7/ - / -						
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For FY 2007	First Named Inventor	WILLIAM	1. TAYER					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	NGUYEN CHI Q						
TOTAL AMOUNT OF DAVMENT (C)	Art Unit	Jnit 3635						
TOTAL AMOUNT OF PAYMENT (\$)	Attorney Docket No.							
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Nor	ne Other (please id	entify):						
Deposit Account Deposit Account Number:	Deposit Account N	ame:						
For the above-identified deposit account, the Director is he								
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card int		• •	le credit card					
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEAR Small Entity	CH FEES EXAI Small Entity	MINATION FEES Small Entity						
Application Type Fee (\$) Fee (\$) Fee (\$			Fees Paid (\$)					
Utility 300 150 500	250 200	0 100						
Design 200 100 100	50 130	0 65 .						
Plant 200 100 300	150 16	0 80						
Reissue 300 150 500	250 600	0 300 .						
Provisional 200 100 0	0	0 0 .						
2. EXCESS CLAIM FEES			all Entity					
Fee Description Each claim over 20 (including Reissues)		<u>Fee (\$)</u> 50	Fee (\$) 25					
Each independent claim over 3 (including Reissues)		200	100					
Multiple dependent claims		360	180					
1 .	Paid (\$)	Multiple Depen						
20 or HP = x =		Fee (\$)	Fee Paid (\$)					
HP = highest number of total claims paid for, if greater than 20.	D. 1.1 (6)							
Indep. Claims Extra Claims Fee (\$) Fee	Paid (\$)							
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of pa	nor (avaludina alaatea	signilly filed gaggange	or computer					
listings under 37 CFR 1.52(e)), the application size fe								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): Extension Time 6000								
SUBMITTED BY								

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Signature	Mollie (ann	Registration No. (Attorney/Agent)	Telephone 618.522.502
Name (Print/Type)	WILLAY	W. PAYER		Date 2/16/07

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